

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|-------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 10 | 11/20 |
| FORMALITY REVIEW | BS | 67369 | 12/21 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|----------|
| 1 | ✓ | ✓ | 11/21/07 |
| 2 | ✓ | ✓ | |
| 3 | ✓ | ✓ | |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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